# FORM D ORIGINA

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



## FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL								
OMB Number:	3235-0076							
Expires:	May 31, 2005							
Estimated average burden								
hours per response 16.00								

SEC USE ONLY						
Prefix		Serial				
	DATE	RECEIVED				

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Series 2 Preferred Stock Financing and Recapitalization	1132110						
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	6) ULOE PROCESSED						
A. BASIC IDENTIFICATION DATA	4 m 2004						
Enter the information requested about the issuer	MAY I 1 200.						
Name of Issuer (  check if this is an amendment and name has changed, and indicate change.) WildTangent, Inc.	THOMSON FINANCIAL						
	Telephone Number (Including Area Code) 425-497-4545						
Address of Principal Business Operations (if (Number and Street, City, State, Zip Code) different from Executive Offices)	Telephone Number (Including Area Code)						
Brief Description of Business Development and online delivery of custom-built games							
Type of Business Organization    corporation	pecify):						
Actual or Estimated Date of Incorporation or Organization:    Month   Year	DE						

### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File - U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been, made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure 🔯 appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number. www.uscountrolars.com

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers;

Each general and ma	naging partner of par	tnership issuers.			<u> </u>							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if individual) St. John, Alex												
Business or Residence Address (Number and Street, City, State, Zip Code) 18578 NE 67th Court, Building 5, Redmond, WA 98052												
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if Peronto, Michael	individual)											
Business or Residence Address (Number and Street, City, State, Zip Code) 18578 NE 67th Court, Building 5, Redmond, WA 98052												
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if Dishlip, Alan	individual)											
Business or Residence Address 18578 NE 67th Court, E												
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if Cusick, Thomas	individual)											
Business or Residence Address (Number and Street, City, State, Zip Code) One Market Plaza, Spear Tower, Suite 3900, San Francisco, CA 94105												
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if Gottesman, Greg	individual)											
Business or Residence Address (Number and Street, City, State, Zip Code) 1000 Second Avenue, Suite 3700, Seattle, WA 98104												
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if Baloff, Steve	individual)	·										
Business or Residence Addres 485 Ramona Street, Pale					·							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if Kaiser, William	individual)											
Business or Residence Address One Federal Street, Bos	•	et, City, State, Zip Code)										
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner							
Full Name (Last name first, if Myhrvold, Cameron	individual)			***************************************								
Business or Residence Address 155-108th Ave. NE, Sur												

	ngganatik Esserik	A. BASIC IDENTIFIC	CATION DATA - CONTIN	UED	L. C. LOUTHERN M.
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Robert Senoff	individual)				
Business or Residence Addres 222 Columbus Ave., Sui					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Greylock X Limited Par					
Business or Residence Addres One Federal Street, Bost		t, City, State, Zip Code)	•		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Advanced Technology \		) <sub>.</sub>			
Business or Residence Addres 485 Ramona Street, Palo					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)			the state of the s	
Business or Residence Addres	s (Number and Stree	t, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and Stree	t, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and Stree	t, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and Stree	et, City, State, Zip Code)			

				B. IN	IFORMAT	ION ABO	JT OFFER	ING				
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors this offering?  Answer also in Appendix, Column 2, if filing under ULOE.									Yes	No		
2. What is the minimum investment that will be accepted from any individual?									\$ <u>N/A</u>			
3. Does the	offering pe	rmit joint o	wnership of	`a single un	it?						Yes	No
<ol> <li>Does the offering permit joint ownership of a single unit?</li> <li>Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.</li> <li>Full Name (Last name first, if individual)</li> </ol>												
Business or R	esidence Ad	dress (Numbe	er and Street,	City, State, 2	Zip Code)	<u> </u>						·
Name of As	sociated Br	oker or Dea	ler									
States in Wi			Solicited or k individual								D A	All States
AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Full Name (L	Full Name (Last name first, if individual)											
Business or R	Business or Residence Address (Number and Street, City, State, Zip Code)											
Name of As	sociated Br	oker or Dea	ler									
States in Wi (Che			Solicited or k individual		Solicit Purc						🗀 A	All States
AL IL MT	AK IN NE SC	IA NV SD	KS NH TN	CA KY NJ TX	LA NM UT	CT ME NY VT	MD NC VA	MA ND WA	MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full Name (L	ast name firs	t, if individu	al)						****			
Business or R	Residence Ad	dress (Numb	er and Street,	City, State,	Zip Code)							
Name of Associated Broker or Dealer												
States in WI (Che AL IL MT RI			Solicited or k individua AR KS NH		Solicit Puro CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH	GA MN OK WI	HI MS OR WY	All States  ID  MO  PA  PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and			
Type of Security	Aggregate Offering Price	A	mount Already Sold
Debt\$	0.00	\$	0.00
Equity\$		<b>\$</b>	14,899,957.41
Common Preferred	<del></del>		
Convertible Securities (including warrants)	0.00	<u> </u>	0.00
Partnership Interests\$		\$	
	0.00	<b>\$</b>	0.00
Total\$		<b>\$</b>	14,899,957.41
Answer also in Appendix, Column 3, if filing under ULOE.	· · · · · · · · · · · · · · · · · · ·		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or " zero."	Number Investors	D	Aggregate ollar Amount of Purchases
Accredited Investors	38	\$_	14,899,957.41
Non-accredited Investors	0	\$	0
Total (for filings under Rule 504 only)	0	_\$	0
Answer also in Appendix, Column 4, if filing under ULOE.  3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		]	Dollar Amount Sold
Type of offering			
Rule 505		\$	
Regulation A		\$_	····
Rule 504		\$_	
Total		\$_	
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
Transfer Agent's Fees		\$_	
Printing and Engraving Costs		\$_	
Legal Fees	🖂	\$_	175,000.00
Accounting Fees		\$_	
Engineering Fees		\$_	
Sales Commissions (specify finders' fees separately)		\$_	
Other Expenses (identify)		\$_	
Total	×	\$_	175,000.00

<sup>&</sup>lt;sup>1</sup> In connection with the issuance of shares of Series 2 Preferred Stock for an aggregate of \$15,951,803.09 cash consideration: (i) shares of Series 1-A Preferred Stock were issued in exchange for Series B Preferred Stock, (ii) shares of Series 1-B Preferred Stock were issued in exchange for Series B Preferred Stock; (iii) shares of Series 1-C Preferred Stock were issued in exchange for Series C Preferred Stock; and (iv) shares of Common Stock were issued in exchange for certain shares of Series A, B and C Preferred Stock.

	-				
Name of Signer (Print or Type) Craig Sherman	Title of Signer (Print Assistant Secretary	or Type)			
Issuer (Print or Type) WildTangent, Inc.	Signature	A		Date 5.	-13-04
The issuer has duly caused this notice to be s signature constitutes an undertaking by the iss information furnished by the issuer to any non-	suer to furnish to the U.S. Securi	ties and Exchange	Commission,		
	D. FEDERAL SIG	gar M			
Total Payments Listed (column totals a	dded)			\$	15,776,803.09
Column Totals			\$ \$		
Other (specify):			] \$		\$ <u></u>
Working capital			]		\$ 15,776,803.0
offering that may be used in exchange to issuer pursuant to a merger)			] \$ ] \$		\$
Acquisition of other businesses (include	ing the value of securities involved	d in this			
Construction or leasing of plant buildin					\$
Purchase, rental or leasing and installat		=	]		\$
Purchase of real estate			] \$ ] \$		,
Salaries and fees			Off Direc	nents to icers, etors, & iliates	Payments To Others
5. Indicate below the amount of the adjusted used for each of the purposes shown. If the check the box to the left of the estimate. T proceeds to the issuer set forth in response to	amount for any purpose is not known the total of the payments listed m	own, furnish an estii	nate and red gross		
and total expenses furnished in response to proceeds to the issuer."	-	•	_		\$15,776,803.09
b. Enter the difference between the aggreg					